

United States Courts
Southern District of Texas
FILED

Appendix B

JUN 01 2016

David J. Bradley, Clerk of Court

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS

Houston DIVISION

37 More
pages
of evidence

Clara Ellis
On Behalf of Larry Ellis
versus

CIVIL ACTION NO. 4:16 CV-01319

Department of Veterans Affairs
Hospital & Medical Center
Cotton Daring Surgery
(Amended)

Docs that are being
Served, summons are
listed Below.

ORIGINAL COMPLAINT

Dear Judge Ewing Werlein, Jr.

I Clara Ellis have sent you
all of the evidence to support
my Tort Claim I have
presented to you
Doctors who were involved

- (1.) Dr. James Schendrick
- (2.) DR. Awad
- (3.) DR. Shad. F. Briedat
- (4.) DR. Eric K. Shinseki
- (5.)

Thanks,
Clara Ellis

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

EI ELLIS, LARRY
81 8106 BEECH COVE
HO HOUSTON, TEXAS 77072
45 456064430

Printed at Michael E. DeBakey VA Medical Center

Appendix B

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXASHouston DIVISIONClara Ellis
on Behalf of Larry Ellis
versusDepartment of Veteran Affairs
Hospital & All Attending
Doctors during Surgery
(Amended)CIVIL ACTION NO. 4:16-cv 01319

ORIGINAL COMPLAINT

Tort Claim

Dear Judge, Can you please assist Clara Ellis with getting my husband Larry Ellis Tort Claim processed due to Financial Hardship, and also V.A Hospital failed to process the original Claim back in April of 2011. This case was presented to Dr. James Scheridich - Assistant Chief of Staff at V.A. Hospital @ 2002 Yokambe Blvd back on March 24, 2011 by Dr. Simi S. Awarad upon the first indication of the cardiac arrest bc Larry Ellis had 2 Card ICS. Dr. Awarad did stress the importance of Larry Ellis case to Dr. James Scheridich, and asked him to please help Clara Ellis & Family

Appendix B

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
Houston DIVISIONCIVIL ACTION NO. 4:16-CV-0319

Clara Ellis
ON Behalf of Larry Ellis
 versus
Department of Veterans Affairs
Hospital & All Attending
Doctors during Surgery
(Amended) ORIGINAL COMPLAINT

on Behalf of all the previous
 Warnings in this case but they
 failed to follow advise provided
 by Ellis Family & Their own
 V.A. Doctors. However,
 Health Problems were documented
 prior to surgery, and Several V.A Doctors
 clearly agreed to avoid surgery on
 Larry Ellis due to poor health, and
 previous anesthesia issues, and unforeseen
 medical issues that would occur
 when Larry Ellis is given anesthesia.

Appendix B

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
Waller DIVISION

Chara Ellis
On Behalf of Larry Ellis
versus
Department of Veterans
Affairs Hospital & Attending
Doctors During Surgery
(Amended)

CIVIL ACTION NO. *4:16-cv-01319*

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ORIGINAL COMPLAINT

V.A. Doctors who are familiar with this case is: Dr. James Schindich, Dr. Simin S. Award, Dr. Berger and Dr. Joseph. The V.A. Doctors failed to follow instructions that Larry M. Ellis was a High Risk.

Appendix B

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
Houston DIVISIONUnited States Courts
Southern District of Texas
FILED

JUN 01 2016

David J. Bradley, Clerk of Court

Clara Ellis
On Behalf of *Larry Ellis*
versus*Department of Veterans Affairs*
All Attending Doctors
*During Surgery**(Amended)* ORIGINAL COMPLAINTCIVIL ACTION NO. *4:16-cv-01319*

- (1.) Dr. James Scheridick - Chief of Staff*
-
- (2.) Dr. Awad*
-
- (3.) Dr. Shadi F Obeidat*
-
- (5.) Dr. Eric K. Shinseki*

All people who are being sued is
The Department of Veterans Affairs Hospital, V. A. Hospital
@ 2002 Holcombe Blvd. Involved Staff of Doctors are
Dr. James Scheridick, Dr. Sam S. Awad, Dr. Shadi F Obeidat
*and Dr. Eric K. Shinseki*OMB Approved No. 2900-6
Respondent Burden: 15 min

Department of Veterans Affairs

STATEMENT IN SUPPORT OF CLAIM

PRIVACY ACT INFORMATION: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA Programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefit for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/omb/library/OMBINV.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN (Type or print)	SOCIAL SECURITY NO.	VA FILE NO.
Larry Marcello Ellis	456-06-4430	CICSS -

The following statement is made in connection with a claim for benefits in the case of the above-named veteran: *Dear Judge,*
VA Doctors who said Larry Ellis should not have surgery.
 I Disagree with your Rating Decision of 6/26/12 in which you Deny my request for:

1. Dependent Indemnity Compensation (DIC) based on the 38 USC 1151 for wrongful death.

In support of this Notice of Disagreement I wish to submit the following medical records.

Med Records: 935, 924, 886, 800, 819, 727, 728, 1091, 1098, 1099, 1363

VAMC Medical records clearly note the following - 1364, 1344, 1345, 1321, 1513, 1514

1. Mr. Ellis had Chronic Poorly controlled Hypertension
2. Medical records Clearly state that Dr. Berger and Dr. Joseph agree that to perform surgery is unsafe
3. Prior surgical records (1999) indicate cardiac arrest during induction (Memorial Hermann records)

11 pages

Appendix B

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
(Houston) DIVISION

Clara Ellis
On Behalf of Larry Ellis
versus

CIVIL ACTION NO. 4:16-CV-01319

Department of Veterans
Affairs & All Attending
Doctors during Surgery
(Amended)

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§ORIGINAL COMPLAINT

4. All medical notes indicate Medical Agreement that the Veteran was a Poor Surgical Risk and that any surgical procedure was High Risk. The contraindications outweighed the risk.
5. Medical Counseling records indicate that, given the level of risk noted by the Physicians, there is serious question whether the Veteran was able to give Informed Consent. Certainly it is Clear that the Veteran did not understand the level of risk and how that translated into accepting the Risk - even to death.
6. The Veteran's Cardiac Impairment level Pre and Post Operative is Documented as extremely High.
7. The Post Mortem Medical opinion that it was "the patients desire" to return home does not excuse the Release. There is NO indication that the Veteran Left Against Medical Advice - he was released with cautions.

Att. Markom
DRD for 5/23/2016

Your copy

I Clara all
need status
of this clai

I CERTIFY, THAT the statements on this form are true and correct to the best of my knowledge and belief.

SIGNATURE

Clara Ellis

DATE SIGNED

Aug 3, 2012

ADDRESS

8106 Beech Cove
Houston, TX 77072

TELEPHONE NUMBERS (Include Area Code)

DAYTIME

EVENING

832-264-1233 (832) 264-1233

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact knowing it to be false.

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
Houston DIVISION

Houston

DIVISION

Chae Ellis

ON BEHALF OF JANE ELLIS

versus

Department of Veterans
Hospital & All Doctors who
Handled Surgery

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(¹ Amended)

ORIGINAL COMPLAINT

CIVIL ACTION NO. 4:16-CV-01319

Page 935

File 456064430

Mar 02, 2011

Progress Notes

09/30/2010	HEMOGLOBIN A1C	11.8H
05/17/2010	PSA, TOTAL	0.160
05/28/2004	HCV AB (ELISA)	NEG

Problem list:

Phleochromocytoma (ICD-9-CM 227.0)	Copd, General
Heart Arrest	Tobacco Use Disorder, Continuous
Sleep Apnea (ICD-9-CM 780.57/786.09)	Contusion of chest wall (ICD-9-CM 922.1)
Adrenal Gland Neoplasms (ICD-9-CM 194.9)	Balanitis (ICD-9-CM 607.1)
BPH W/O URINARY OBSTRUCT	Diabetes Mellitus without mention of
Complication, type II or unspecified type,	
Hypercholesterolemia, Pure	Bipolar I Disorder, most Recent Episode
Unspecified	
Mixed Hyperlipidemia	LBP (ICD-9-CM 724.2)
PERIODONTAL DISEASE NEC	Neuropathy (ICD-9-CM 355.9)
Edema (ICD-9-CM 782.3)	DM Type II Dm W/O Complications
Hypertension, Benign	Obesity
Angina Pectoris	Sickle Cell Trait
BOWEL RESECTION 2NDARY TO FOREIGN OBJECTS	
Hypoxemia	

56 yo male with a pheochromocytoma s/p cardiac arrest during induction, and second aborted attempt at L adrenalectomy 2/4/11. Now in SICU with AKI, s/p cardiac arrest on IABP and tandem heart, now off pressor support

1. Will discuss case with staff about restarting patient on IV phentolamine, as there is risk of severe hypotension.
2. Continue Hydrocortisone 100 mg IV q 8 hours while patient is still requiring intensive care
3. Continue insulin drip for hyperglycemia management.

Appendix B

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
Houston DIVISION

Chari Ellis
On Behalf of Larry Ellis
versus
Department of Veterans Affairs
National VA Medical Center
Doctors During Surgery
(Amended) ORIGINAL COMPLAINT

CIVIL ACTION NO. 4:16-CV-01319

Sonali Thosani, MD

/es/ SONALI THOSANI
Allopathic and Osteopathic Physicia
Resident, Allopathic (includes Inte

Signed: 02/07/2011 11:07

02/07/2011 ADDENDUM

STATUS: COMPLETED

Will hold on restarting alpha blockade until patient's pressures come up. I have spoken with Dr. Smith (IR) about the possibility of RFA of the pheo, and he plans to discuss with his colleagues and get back to me.

/es/ SANJAY N MEDIWALA
Allopathic and Osteopathic Physicia
Internal Medicine
MD

Signed: 02/07/2011 14:38

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

ELLIS, LARRY
8106 BEECH COVE
HOUSTON, TEXAS 77072
456064430

Printed at Michael E. DeBakey VA Medical Center

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
DIVISION

SOUTHERN DISTRICT
Houston

CIVIL ACTION NO. 4:16-CV-01319

Chas Ellis
on Behalf of *Larry Ellis*
versus
Department of Veterans Affairs
Hospital & All Attending
Doctors during Surgery
(Amended)

ORIGINAL

ORIGINAL COMPLAINT

Progress Notes

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File 456064430

Mar 02, 2011

02/07/2011	ALKALINE PHOSPHATAS	45.0
02/07/2011	ALT	49.0
02/07/2011	AST	42.0
02/07/2011	PROTEIN, TOTAL	3.8L
02/07/2011	ALBUMIN	2.1L

CBC/diff:

02/07/2011	WBC	13.8H
02/07/2011	HEMOGLOBIN	8.8L
02/07/2011	HCT	27.1L
02/07/2011	PLATELET COUNT	88.0L
02/07/2011	MCV	84.6

Coags:

02/07/2011	INR	1.2
02/07/2011	PTIME	14.6
02/07/2011	PTT (MAIN LAB)	83.1H

Lipid Profile:

Cardiac enzymes:

02/06/2011	CK	2590.0H
02/06/2011	TROPONIN I	0.32H
02/06/2011	CKMB	8.0H

Other Labs:

02/07/2011	GLUCOSE	143.0H
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Ashton DIVISION

Obara Ellis
On Behalf of Amy Ellis
versus

versus

CIVIL ACTION NO.

0.4-16-CV 023/9

Department of Veterans Affairs
Hospital & Health Administration
Doctors & Surgeons
(Amended) ORIGINAL C

ORIGINAL COMPLAINT

02/07/2011

GLUCOSE

143.0H

A/P:

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56 yo male admitted for pre-op treatment prior to laparoscopic resection of pheochromocytoma. Pt was beta/alpha blocked and volume loaded with SGC in place prior to surgery. During induction pt became bradycardic and hypotensive leading to code blue. He was in PEA for several minutes during CPR but eventually regained pulse/cardiac function. IABP was placed without much augmentation of BP, hence Tandem heart placed with assistance of Dr. Loyolka from THI. Tandem flow today weaned to 2.2 L

- weaned off epi overnight. Now hypertensive and tachycardic. Need to restart alpha-blocker (iv phentolamine or po phenoxybenzamine. Await Endocrine input.
- Tandem flow weaned to 2.2 L. Continue heparin gtt. Goal PTT ~60
- check ultrasound of thorax to rule out hematoma, follow serial Hand H and transfuse as needed.
- 2D echo done today reviewed. LV cavity is small. Avoid diuretics. Continue IV fluids.

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)
ELLIS, LARRY

ELLIS, LARRY
3106 BEECH COVE
HOUSTON, TEXAS 77072
56064430

Printed at Michael E. DeBakey VA Medical Center

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
[Signature] DIVISION

Clay Ellis
on behalf of Larry Ellis
versus

Department of Veterans Affairs
Hospital & Ambulatory
Doctors Primary Surgery
(Amended) ORIGINAL

CIVIL ACTION NO

4:16-CV-01319

ORIGINAL COMPLAINT

Progress Notes

Page 886

File #56064430

Mar 02, 2011

LOCAL TITLE: CARDIOLOGY CONSULT
STANDARD TITLE: CARDIOLOGY CONSULT
DATE OF NOTE: FEB 08, 2011@08:56
AUTHOR: AWAR, OMAR
URGENCY:

ENTRY DATE: FEB 08, 2011@08:56:13
EXP COSIGNER:
STATUS: COMPLETED

The supervising practitioner of record for this patient care encounter is
Dr. Ramasubbu, Kumudha

IABP removed this am. Patient intermittently hypertensive, received IV labetalol push.

Patient had h

Patient had been stable on mechanical ventilation until this afternoon. Developed episode of severe HTN, SBP 300's, associated with hypoxia and ultimately developed PEA cardiopulmonary arrest. Patient was resuscitated with CPR and epinephrine. Percutaneous LVAD converted to VA-ECMO

Active Inpatient Medications

Status

2)	CIPROFLOXACIN INJ, SOLN CIPROFLOXACIN 400 MG in RTU 200 ML DEXTROSE 5% INFUSE OVER 60 MINUTES IVPB DAILY	Status
7)	Fentanyl	ACTIVE

7) FentANYl INJ, SOLN FENTANYL 1000 MCG in SODIUM
CHLORIDE 0.9% 100 ML titrate@0 IVPB
8) HYDROCORTISONE INJ SOLN IVPB

8) CHLORIDE 0.9% 100 ML titrate@0 IVPB ACTIVE
HYDROCORTISONE INJ, SOLN HYDROCORTISONE 100 MG in
DEXTROSE 5% IN WATER 100 ML INFUSE OVER 60 MINUTES ACTIVE
IVPB Q8H
10) LABETALOL

10) IVPB Q8H LABETALOL 100 ML INFUSE OVER 60 MINUTES

Appendix B

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
Thurs DIVISION*Clara Ellis*
On Behalf of Larry Ellis
versusCIVIL ACTION NO. 4:16-CV-01319*Department of Veterans Affairs*
National & All Veterans
Doctors During Surgery
(Amended)

ORIGINAL COMPLAINT

10) LABETALOL INJ, SOLN LABETALOL 200 MG in DEXTROSE 5% IN ACTIVE
WATER 200 ML TITRATE@0
CONC=1MG/ML; START@0.5MG/MIN&TITRATE MAP TO
70S.MAX:2MG/MIN IV

15) PANTOPRAZOLE INJ, PWDR PANTOPRAZOLE 40 MG in SODIUM ACTIVE
CHLORIDE 0.9% 100 ML INFUSE OVER 15 MINUTES IV BID
Pending Inpatient Medications Status

=====

1) PHENOXYBENZAMINE CAP, ORAL 10MG ORAL BID PENDING

19 Total Medications

Physical Exam

Wt 295.5 lb [134.3 kg] (01/26/2011 10:37)

BMI 43*

BP 141/79 (02/08/2011 08:00)

HR 92 (02/08/2011 08:00)

I/O 5820/3685

IENT NAME AND ADDRESS (Mechanical imprinting, if available)

LIS, LARRY
16 BEECH COVE
STON, TEXAS 77072
064430

Printed at Michael E. DeBakey VA Medical Center

Appendix B

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
Houston DIVISION

Chris Elger
On Behalf of Plaintiff
versus
Department of Veterans Affairs
Hospital & Health Services
Medical Services
(Amended)

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CIVIL ACTION NO. *4:16-cv-01319*

ORIGINAL COMPLAINT

Page 800

Progress Notes*File 456564430* Mar 02, 2011

LOCAL TITLE: SICU INPATIENT NOTE
STANDARD TITLE: SURGERY CRITICAL CARE UNIT NOTE
DATE OF NOTE: FEB 09, 2011@12:52 ENTRY DATE: FEB 09, 2011@12:52:24
AUTHOR: CARTER, STACEY A EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** SICU INPATIENT NOTE Has ADDENDA ***

The supervising practitioner of record for this patient care encounter is
Dr. Awad, Samir S

Problems:

- inability to assess neuro status
- depressed cardiac function
- ECMO dependent
- ventilator dependent
- pheochromocytoma
- ATN
- R chest/extremity edema
- Anemia

24 Hour Summary:

On 2/8, patient had IABP removed in the AM. Later in the morning, pt became HTN to SBP 250-280s and responded to 5mg IV phentolamine, 10 mg labetalol and decreased stimulation (SBP decreased to 130s). Later in the afternoon, sedation was held as nurse/anesthesia began to prepare pt for transfer to OR for tandem heart removal. At that point, pt became HTN to SBP of 280s-300s. A meeting was

Appendix B

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
Houston DIVISION

Clara Ellis
On Behalf of Larry Ellis
versus

CIVIL ACTION NO. 4:16 CV 01319

Department of Veterans Affairs
Hospital & All Attending
Doctors During Surgery
(Amended)

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§ORIGINAL COMPLAINT

was held as nurse/anesthesia began to prepare pt for transfer to OR for tandem heart removal. At that point, pt became HTN to SBP of 280s-300s. A meeting was called between endocrine, vascular, cardiology and surgery to discuss the most appropriate was to proceed with Mr. Ellis' care. It was noted that patient also began to desaturate, Tandem Heart tubing catheters were noted to be dark, breath sounds were coarse but equal bilaterally. Pt was bagged with little improvement in O2 sats. Then patient's BP began to drop rapidly. Code was called and ACLS protocol was initiated. Pt was given several doses of vasopressin with appropriate response. He regained his BP and a pulse, but continued to be difficult to oxygenate. Decision was made to place patient on ECMO. Perfusion team was called and cardiology team helped splice existing Tandem Heart lines with oxygenator. Given the gravity of the situation, the decision was made to alpha block patient with plans to take to OR in AM for embolization. Pt received 2 units of pRBC overnight for Hct <30.

Vitals:

Tmax	98.9
Tc	98.6
Rhythm	
Rate	89-147
BP	91-241/50-114
MAP	66-157
SPo2%	51-100

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

ELLIS, LARRY
8106 BEECH COVE
HOUSTON, TEXAS 77072
456064430

Printed at Michael E. DeBakey VA Medical Center

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
Houston DIVISION

CIVIL ACTION NO.

4:16 CV-01319

ORIGINAL COMPLAINT

Progress Notes

Page.819

File #56064#30

Mar 02, 2011

09/30/2010	HEMOGLOBIN A1C	11.8H
05/17/2010	PSA, TOTAL	0.160
05/28/2004	HCV AB (ELISA)	NEG

A/P: A/P: 56 y.o. male with a pheochromocytoma s/p cardiac arrest during induction, and second aborted attempt at L adrenalectomy 2/4/11. Now in SICU with AKI, s/p cardiac arrest on IABP and tandem heart; with labile blood pressure, scheduled for embolectomy of pheochromocytoma today

1. At this point, pt continues to have hypertension, and is on IV phentolamine 1 mg/hr and phenoxybenzamine 40 mg per NG TID. Will try to obtain records from SW memorial hermann where pt had procedure in 1999 and suffered cardiac arrest.

/es/ SONALI THOSANI
Allopathic and Osteopathic Physicia
Resident, Allopathic (includes Inte

Signed: 02/10/2011 08:35

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
DIVISION

Houston DIVISION

www.ck12.org

CIVIL ACTION NO.

4:16 CV-2319

ORIGINAL COMPLAINT

Page 727

Progress Notes

File 456064430

Mar 02, 2011

LOCAL TITLE: I-MED INFORMED CONSENT
STANDARD TITLE: CONSENT
DATE OF NOTE: FEB 11, 2011@08:19:34 ENTRY DATE: FEB 11, 2011@08:20:44
AUTHOR: OBEIDAT, SHADI F EXP COSIGNER:
URGENCY: *Intentional* STATUS: COMPLETED

Signature Informed Consent for

BRONCHIAL TUBE - BRONCHOSCOPY WITH ASPIRATION OF SECRETIONS

1. Anatomical Location: See description of treatment/procedure.

2. Informed consent was obtained at 8:19 AM on February 11, 2011.

The full consent document can be accessed through Vista Imaging.

3. Patient name: ELLIS, LARRY MARCELLO

4. The patient DOES NOT HAVE decision-making capacity. Enter surrogate name and relationship to the patient. (If the patient's surrogate is not established or available, refer to Handbook 1004.1 for guidance.) A clinical assessment has been performed and documented in the patient record.

5. Surrogate (if applicable): Clara Ellis Spouse

6. Reason for the treatment (diagnosis, condition, or indication):
Breathing problems or suspected airway disease.

7. Treatment/procedure: This procedure is done to visualize and suction mucus blocking the airways. Various imaging techniques may be used during the procedure.

You will receive a medication that causes a relaxed state through a needle placed into a vein in your arm. A flexible scope is inserted through your nose or mouth to the nasal passages and throat. The

Houston

DIVISION

Chas Ellis
On Behalf of Larry Ellis
versus
Department of Veterans Affairs
Hospital & All Attending
Doctors During Surgery
(Amended)

CIVIL ACTION NO. 4:16 CV-01319

14. Comments:

ELLIS, LARRY
8106 BEECH COVE
HOUSTON, TEXAS 77072
456064430

Printed at Michael E. DeBakey VA Medical Center

Appendix B

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
Houston DIVISION

Clara Ellis
On Behalf of Clara Ellis
versus
Department of Veterans Affairs
Medical & Health Services
Robert Dunn, Surgeon
(Amended)

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CIVIL ACTION NO. *4:16 CV-01319*

ORIGINAL COMPLAINT

Progress Notes

Page 728

File 456864430 Mar 02, 2011

*** SCANNED DOCUMENT ***
SIGNATURE NOT REQUIRED

Electronically Filed: 02/11/2011
by: IMEDCONSENT USER

Abustons DIVISION

Chas Ellis
On Behalf of Larry Ellis
versus
Department of Veterans Affairs
Hospital & All Attending
Doctors During Surgery
(Amended) ORIGINAL C

CIVIL ACTION NO. 2:16 CV-01319

ORIGINAL COMPLAINT

Page 1091

File 456064430 Mar 02, 2011

*** SICU INPATIENT NOTE Has ADDENDA ***

GS and SICU Attending Note:

Mr. Ellis was taken to the OR this am after maximal medical optimization of his blood pressure secondary to pheochromocytoma for an attempt at a laparoscopic possible open left adrenalectomy. Given his high risk because of his severely elevated blood pressure, the day prior, an SG catheter was placed and the patient was bolused with volume to increase his preload in anticipation of surgery and induction of anesthesia. This am had the following: CVP 19 PAP 44/38 CO 8.8 CI 3.6 SVR 855 and SVO2 83%. The patient then underwent induction of anesthesia by anesthesia team. Several minutes following that, it was noted that the patient became significantly hypotensive and was initially supported with pressor medications by Anesthesia team. A second central line was placed in the left groin for fluid resuscitation. Despite that and volume administration, he continued to drop his blood pressure and went into PEA. CPR was immediately started with excellent compressions as evidenced by a-line tracing. ACLS protocol was immediately and concurrently started and he was given multiple rounds of epinephrine, vasopressin, norepinephrine, isoproterenol, and glucagon and after 25 minutes of code, his pulse returned (please refer to anesthesia record). A intraoperative TEE was performed which demonstrated poor

Appendix B

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
Newton DIVISION

Clara Ellis
On Behalf of *Larry Ellis*
versus
Department of Veterans Affairs
Hospital & All Attending
Doctors During Surgery
(Amended) ORIGINAL COMPLAINT

CIVIL ACTION NO. *4:16 CV 01319*

cardiac contractility with myocardial stun. He was placed on multiple vassopressor drips and transported to the SICU in critical condition. The family was informed of the above events and discussion regarding management was had and they wished everything be done.

In the SICU, the patient continued to be extremely labile requiring multiple boluses of vassopressin and norepinephrine. Given his cardiac stun and lability and impending arrest cardiac arrest, the cardiothoracic surgery team was consulted for the option of placing an intra-aortic balloon pump, concurred and emergently placed in IABP with some improvement in blood pressure. A bedside echo was then performed which confirmed lack of effective contractility of the LV with severe LVH and a cardiology evaluation for placing a tandem heart was obtained. After disucussion with the family and obtaining consent, the patient was taken to the cath lab and a tandem heart was placed under flourescopic guidance.

I informed the family of all the above with Dr. Liang my Co-Attending on this case. They understand all of the above, that the patient is in critical condition and has a high risk of mortality given this cardiac event, had all their questions answered and are happy with care and plan rendered.

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

ELLIS, LARRY
8106 BEECH COVE
HOUSTON, TEXAS 77072
456064430

Printed at Michael E. DeBakey VA Medical Center

Appendix B

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
Austin DIVISION

Clara Ellis
On Behalf of *Larry Ellis*
versus
Department of Veterans Affairs
Hospital & Attending
Doctors During Surgery
(Amended)

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CIVIL ACTION NO. *4:16 CV-0319*

ORIGINAL COMPLAINT

Progress Notes

Page 1098

File 456064430

Mar 02, 2011

LOCAL TITLE: I-MED INFORMED CONSENT

STANDARD TITLE: CONSENT

DATE OF NOTE: FEB 04, 2011@14:50:44 ENTRY DATE: FEB 04, 2011@14:51:32

AUTHOR: PALACIO, CARLOS H

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Signature Informed Consent for

HEART - CARDIOPULMONARY BYPASS

1. Anatomical Location: Left ventricular assist device/tandem, blood transfusions and all other indicated procedure
2. Informed consent was obtained at 2:50 PM on February 04, 2011. The full consent document can be accessed through Vista Imaging.
3. Patient name: ELLIS, LARRY MARCELLO
4. The patient DOES NOT HAVE decision-making capacity. Enter surrogate name and relationship to the patient. (If the patient's surrogate is not established or available, refer to Handbook 1004.1 for guidance.) A clinical assessment has been performed and documented in the patient record.
5. Surrogate (if applicable): Ellis Clara Spouse
6. Reason for the treatment (diagnosis, condition, or indication): This procedure can be done to provide oxygen to your body during surgical procedures that involve your heart and lungs. Such procedures can include:
 - Repair of heart blood vessels.
 - Repair of heart valves.
 - Repair of heart problems from birth defects.

Appendix B

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
Houston DIVISION

Chara Ellis
On Behalf of Larry Ellis
versus

CIVIL ACTION NO. 4:16 CV 01319

Department of Veterans Affairs
Hospital & All Attending Affiliates
Doctors During Surgery
(Amended)

ORIGINAL COMPLAINT

Repair of large blood vessel problems in the chest.
Removal of blood clots in blood vessels of the chest.
Heart transplants.
Lung transplants.
Other procedures.

7. Treatment/procedure: A heart lung machine will be used to put oxygen in your blood and pump it throughout your body. Two tubes that are connected to the heart lung machine are inserted into your large blood vessels in your chest. One of the tubes takes blood from the heart back to the machine where it gets oxygen. The other tube takes this blood with oxygen back to the heart. The machine then pumps the blood with oxygen around the body.

8. Anesthesia will be administered.

9. Consent to Blood Products (if applicable):

I CONSENT to the use of blood products during this treatment/procedure if they are needed to improve my overall condition or save my life. I understand that my consent for use of blood products is valid while I recover from the treatment/procedure. My provider will determine when this recovery period ends. If this consent form expires, my treatment plan changes, or if blood products

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

ELLIS, LARRY
8106 BEECH COVE
HOUSTON, TEXAS 77072
456064430

Printed at Michael E. DeBakey VA Medical Center

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
DIVISION

SOUTHERN DISTRICT OF TEXAS
 DIVISION

Chas Ellis
on Behalf of Amy Ellis

versus

CIVIL ACTION NO.

4/6 CV-013/9

ORIGINAL COMPLAINT

Progress Notes

Page 1099

File 45606 4430

Mar 02, 2011

are needed for a reason that is unrelated to this treatment/procedure,

I will be asked again for my consent for use of blood products. I understand that common risks of using blood products include (but are not limited to) infection or irritation where the needle is placed, fever, chills, and skin rashes. Other rare but more serious complications may occur such as allergic reactions, heart failure due to fluid overload, acute pulmonary edema (fluid leaking into the lungs), shock, or death. I also understand that transfusions of blood or blood products involve a small risk of transmission of diseases such as Hepatitis B (1 in 137,000), Hepatitis C (1 in 1,000,000), and HIV/AIDS (1 in 1,900,000). There is also a small risk of bacterial infection when blood platelets are transfused. Alternatives to blood or blood products may be available if my health, time, and procedure permit. These alternatives may include auto-donation (using my own previously donated blood) and intra-operative salvage (my own blood collected during surgery). In addition, medications may be used to reduce the need for blood products.

10. Practitioner obtaining consent: Atashband, Armita (FELLOW, CARDIOLOGY SERVICE)
11. Supervising practitioner: Kar, Biswajit (PHYSICIAN)
12. Practitioner(s) performing or supervising treatment/procedure (if not listed above): Haddad, Rudy (FELLOW, CARDIOLOGY SERVICE); Chiang, I-Hui (FELLOW, CARDIOLOGY SERVICE); Paniagua, David (PHYSICIAN); Jneid, Mohammad Hani (PHYSICIAN)
13. Witness Name:

Appendix B

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
Houston DIVISION

Chava Ellis
On Behalf of Larry Ellis
versus
Department of Veterans Affairs
Hospital & All Attending
Doctors During Surgery
(Amended)

CIVIL ACTION NO. 4:16-CV-01319

ORIGINAL COMPLAINT

14. Comments:

Tissues removed during the course of this treatment/procedure will be disposed of in accordance with hospital procedures.

*** SCANNED DOCUMENT ***
SIGNATURE NOT REQUIRED

Electronically Filed: 02/04/2011
by: IMEDCONSENT USER

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

ELLIS, LARRY
8106 BEECH COVE
HOUSTON, TEXAS 77072
456064430

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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
DIVISION

SOUTHERN DISTRICT
Houston

Nara Ellis
On Behalf of Larry Ellis
versus

versus

CIVIL ACTION NO.

4:16-CL-01319

Department of Veterans Affairs
Hospital & All Attending
Doctors Performing Surgery
(Amended) ORIGINAL

ORIGINAL COMPLAINT

Progress Notes

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File #5606430

Mar 02, 2011

increased doses based on his meal. Patient reporting polyuria, polydipsia, and fatigue. Patient denies polyphagia.

O: 197/112 -> 169/104 -> 180/100 HR 86 RR 18 T 97.1

Gen: NAD

HEENT: OP clear

CV: RRR

Pulm: CTAB

Abd: obese, soft nt nd

Ext: no c/c/e

Neuro: reflexes normal

Labs :

UREA NITROGEN, BLOOD	15	mg/dl	7 - 19	[580]
SODIUM	139	mmol/L	136 - 145	[580]
CHLORIDE	99	mmol/L	98 - 107	[580]
POTASSIUM	3.8	mmol/L	3.6 - 5.0	[580]
CO2	29	mmol/L	22 - 30	[580]
GLUCOSE	271 H	mg/dl	70 - 110	[580]
CREATININE	1.1	mg/dl	0.6 - 1.3	[580]
CALCIUM	9.0	mg/dl	8.7 - 10.5	[580]
PROTEIN, TOTAL	6.4	g/dl	6.2 - 8.0	[580]
TOT. BILIRUBIN	0.3	mg/dl	0.2 - 1.2	[580]

Appendix B

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
Houston DIVISION

CIVIL ACTION NO. *4:16 CV 01319*

Vera Ellis
On Behalf of Larry Ellis
versus
Department of Veterans Affairs
Hospital at HIAH attending
Doctors During Surgery
(Amended) ORIGINAL COMPLAINT

Progress Notes

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File 456064730 Mar 02, 2011

Continue other BP therapies. Previous notes report that patient is unable to tolerate Metoprolol but would benefit from further beta blockade but currently on max dose of Atenolol.

2. Diabetes - remains poorly controlled. Advised patient that he needs to monitor his blood sugars regularly.

--Will continue Lantus 100 units BID
--Increase Aspart to 20 units qAC

RTC 6 weeks

/es/ TRES BARRERA
Allopathic and Osteopathic Physicia
Resident, Allopathic (includes Inte
Endocrine Fellow
Signed: 01/13/2011 10:48

Receipt Acknowledged By:
01/13/2011 13:58 /es/ MARCO MARCELLI MD

Appendix B

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
Houston DIVISION

CIVIL ACTION NO. 4:16-CV-01319

Char Ellis
on behalf of Larry Ellis
versus
Department of Veterans Affairs
Hospital & Attending
Doctors During Surgery
(Amended) ORIGINAL COMPLAINT

01/13/2011 ADDENDUM

STATUS: COMPLETED

Agree with A & P, patient may have pheochromocytoma, adrenal venous sampling is not very useful to establish lateralization.

/es/ MARCO MARCELLI MD
Allopathic and Osteopathic Physicia
Internal Medicine
Endocrinology, Diabetes and Metabol

Signed: 01/13/2011 13:58

P. PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

E. ELLIS, LARRY
8. 8106 BEECH COVE
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45 456064430

Printed at Michael E. DeBakey VA Medical Center

Appendix B

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
Houston DIVISION

Clara Ellis
On Behalf of Larry Ellis
versus

Department of Veterans Affairs
Hospital of All Veterans
Doctors During Surgery
(Amended)

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CIVIL ACTION NO. 4:16-CV-01319

ORIGINAL COMPLAINT

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Progress Notes

File 456064430

Mar 02, 2011

LOCAL TITLE: PRE-OP ANESTHESIA PHYSICIAN EVALUATION NOTE
STANDARD TITLE: ANESTHESIOLOGY ATTENDING PRE OPERATIVE E & M NOT
DATE OF NOTE: JAN 27, 2011@15:35 ENTRY DATE: JAN 27, 2011@15:35:23
AUTHOR: NGUYEN, JENNIFER D EXP COSIGNER:
URGENCY: STATUS: COMPLETED

PREOPERATIVE ANESTHESIA PHYSICIAN EVALUATION NOTE

=====

PATIENT WAS IDENTIFIED USING FULL NAME AND SOCIAL SECURITY NUMBER

=====

SURGERY: LEFT ADRENECTOMY

ELECTIVE PROCEDURE/DOS: 1/28/11

=====

REASON FOR CONSULT: H/O CARDIAC ARREST DURING INDUCTION AND OSA

=====

PLEASE SEE MRS. ABRAHAM'S PREOP ANESTHESIA RN NOTE MORE DETAIL. I HAVE EXAMINED PATIENT.

ASSESSMENT: ASA 4 (CAD-NONOBSTRUCTIVE, H/O CARDIAC ARREST DURING INDUCTION IN 1999, PHEOCHROMOCYTOMA, H/O DIFFICULT AIRWAY 1999, DM, OSA-CPAP USE, COPD, GERD/DYSPHAGIA, SEVERE COPD, BPH, HLD, BIPOLAR, MORBID OBESITY, HEADACHES)

=====

PATIENT IS 56 YEAR OLD AFRICAN AMERICAN MAN SCHEDULED FOR LEFT ADRENALECTOMY ON 1/28/11 FOR PHEOCHROMOCYTOMA. PATIENT EXPERIENCE CARDIAC ARREST DURING ANESTHESIA INDUCTION IN 1999 RESULTING SICU ADMISSION/VENTILATORY SUPPORT FOR COMA X 4 DAYS AT SOUTHWEST MEMORIAL HERMAN. PATIENT STATES HE WAS TOLD THAT "THEY HAD TO PUT A SMALLER BREATHING TUBE AND I WAS IN A COMA ON BREATHING MACHINE FOR 4 DAYS".

Appendix B

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
Houston DIVISION

Clara Ellis
On Behalf of *Larry Ellis*
versus
Department of Veterans Affairs
Negative & All Attending
Doctors During Surgery
(Amended)

CIVIL ACTION NO.

4:16-CV-01319§
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ORIGINAL COMPLAINT

CARDIOLOGY HAS EVALUATED THIS PATIENT. PATIENT REPORTS CHRONIC DYSPNEA WITH MINIMAL ACTIVITY. HE HAS PRIOR CARDIAC CATHS X 2 AT OUTSIDE FACILITY FOR THIS SYMPTOM. CARDIAC CATH ON 8/9/10 AT MEDVMC NOTES NONOBSTRUCTIVE CAD WITH NORMAL LEFT MAIN, 60% OM2 STENOSIS AND NORMAL RCA. ECHO ON 9/10 NOTES LVH, LVEF=55%, TRACE TR/PR/MR. PASP WAS NOT MENTIONED. IN PRESENCE OF MORBID OBESITY, OSA AND EVIDENCE OF PULMONIC REGURGITATION, I SUSPECT THAT HE MAY SOME DEGREE OF PULMONARY HYPERTENSION. CAROTID ULTRAOUND NOTES <50% B-ICA STENOSIS. PATIENT DENIES ANY SYMPTOMS OF TIA OR CVA.

PLAN

=====

- 1) PATIENT WAS COUNSELLED FOR GETA WITH POSSIBLE AWAKE INTUBATION , INVASIVE MONITORING, POSSIBLE POSTOP VENTILATION/BLOOD TRANSFUSION.
- 2) INSTRUCTED TO TAKE AMLODIPINE/ATENOLOL/VALSARTAN/OMEPRazole/BUSPIRONE/ALBUTEROL/IPRATROPIUM AND HOLD INSULIN-GLARGINE ON DAY OF SURGERY. PATIENT HAS BEEN INSTRUCTED TO PERFORM ACCUCHECK ON DOS. IF ACCUCHECK IS >250, ADMINISTER 8 UNITS OF INSULIN-ASPARTAME SUBCUTANEOUSLY PRIOR TO LEAVING HOUSE FOR SURGERY. PATIENT HAS BEEN INSTRUCTED

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

1 ELLIS, LARRY
8 8106 BEECH COVE
H HOUSTON, TEXAS 77072
4 456064430

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Appendix B

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
Houston DIVISION

Chara Ellis
on Behalf of Tony Ellis
versus

Department of Veterans Affairs
Hospital & All Attending
Doctors During Surgery
(Amended)

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CIVIL ACTION NO. *4:16-CV-01319*

ORIGINAL COMPLAINT

Progress Notes

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File 456064430

Mar 02, 2011

TO HAVE SUGAR TABLETS AVAILABLE TO SELF ADMINISTER IF HE DEVELOPS SYMPTOMS OF HYPOGLYCEMIA.

3) TYPE AND CROSS HAVE BEEN ORDERED.

====

ALL RISKS AND COMPLICATIONS WERE DISCUSSED WITH PATIENT WHO AGREES TO PROCEED AS PLANNED.

====

All medications reviewed and reconciled with patient

NPO past MN except meds with sips of water

Continue all AM meds except oral hypoglycemics, anticoagulants, vitamins and herbal medicines

Follow instructions for aspirin and plavix per surgery team

/es/ JENNIFER D NGUYEN

Allopathic and Osteopathic Physicia

Anesthesiology

ANESTHESIOLOGIST

Signed: 01/27/2011 15:57

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
DIVISION

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CIVIL ACTION NO. 4:16-cv-01319

ORIGINAL COMPLAINT

Progress Notes

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File 4560644.30

Mar 02, 2011

LOCAL TITLE: GENERAL SURGERY (BRONZE) INPATIENT NOTE
STANDARD TITLE: SURGERY INPATIENT NOTE
DATE OF NOTE: JAN 28, 2011@08:04 ENTRY DATE: JAN 28, 2011@08:04:29
AUTHOR: ANAYA, DANIEL EXP COSIGNER:
URGENCY: STATUS: COMPLETED

SURGERY STAFF NOTE

Mr. Ellis came for his planned operation today. While in the OR and before medications were given, his invasive and non-invasive pressures were extremely high to 250/150, despite taking the appropriate medications this morning.

Based on this, his primary diagnosis of pheochromocytoma, his severe comorbidities and the h/o prior cardiac arrest during anesthetic induction., we have decided that it is not dsafe to proceed with this operation.

I discussed this with the anesthesiologist of the case Dr. Joseph and with my partner Dr. Berger, and both agree.

I explained this to the patient and his family who understand and wish to proceed.

We plan to admit the patient to SICU for optimization of his BP and once this is accomplished we will plan on re-scheduling the case while titrating up other anti-htn meds and with the plan of preop admission to SICU for invasive monitoring and for BP control the day before surgery.

/es/ DANIEL ANAYA
 Allopathic and Osteopathic Physicia

Appendix B

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
Houston DIVISION

Dan Ellis
on behalf of *Larry Ellis*
versus

Department of Veterans Affairs
Hospital & All Attending
Doctors During Surgery

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CIVIL ACTION NO. 4:16-CV-01319

(Amended) ORIGINAL COMPLAINT

/es/ DANIEL ANAYA
Allopathic and Osteopathic Physicia
Surgery
MD
Signed: 01/28/2011 08:09

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

ELLIS, LARRY
8106 BEECH COVE
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456064430

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Appendix B

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
(Houston) DIVISION

CIVIL ACTION NO. 4:16-CV-01319

Chara Ellis
On Behalf of Jamy Ellis
versus
Department of Veterans Affairs
Hospital & Attending
Doctors Planning Surgery
(Amended)

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ORIGINAL COMPLAINT

The patient is currently completely asymptomatic and operation at this point is not urgent. Therefore we will discuss his case further with the endocrinologist and possibly in tumor board to come to a consensus

/es/ AVO ARTINYAN
Allopathic and Osteopathic Physicia
Surgery
Attending Surgeon
Signed: 10/27/2010 15:42

10/27/2010 ADDENDUM STATUS: COMPLETED
the above was extensively discussed with the patient.

/es/ AVO ARTINYAN
Allopathic and Osteopathic Physicia
Surgery

PA PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

EL ELLIS, LARRY
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Appendix B

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS

Houston DIVISION

Chia Ellis
On Behalf of Tony Ellis
versus
Department of Veterans Affairs
Hospital & All Attending
Doctors During Surgery
(Amended)

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CIVIL ACTION NO. 4:16-CV-01319

ORIGINAL COMPLAINT

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Progress Notes

File 456064430

Mar 02, 2011

Receipt Acknowledged By:

10/27/2010 15:43

/es/ AVO ARTINYAN

Attending Surgeon

10/27/2010 ADDENDUM

STATUS: COMPLETED

Pt with

/es/ AVO ARTINYAN

Allopathic and Osteopathic Physicia

Surgery

Attending Surgeon

Signed: 10/27/2010 15:43

10/27/2010 ADDENDUM

STATUS: COMPLETED

Pt seen and examined, imaging results, endocrine note reviewed. The patient has a minimally symptomatic pheochromocytoma by laboratory studies. He had an incidentaloma of his L adrenal (<3cm) which prompted workup, his MIBG scan shows uptake on both sides though L>R.

Given the above, it is not entirely clear if the patient has B adrenal hyperplasia vs. a unilateral pheo as the etiology of his mildly elevated catecholamines. Operation in this patient is far from benign since he is obese, has had previous exploratory laparotomy, has CAD and a number of other comorbidities. Laparoscopy is likely to be difficult and has a significant chance of being converted. A firm diagnosis would help us further justify the risk of operation in this relatively asymptomatic patient, and avoid an unnecessary first operation or a potential difficult second operation with the morbidity associated with the procedures themselves as well as the potentially unnecessary loss of his adrenal gland(s). Bilateral adrenal venous sampling is far less risky than operation.

Appendix B

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS

(Houston) DIVISION

Charles Ellis
On Behalf of Larry Ellis
versus
Department of Veterans Affairs
Hospital & Attending
Doctors During Surgery

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CIVIL ACTION NO. 4:16-CV-01319

(Amended) ORIGINAL COMPLAINT

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Progress Notes

File 456064438

Mar 02, 2011

Attending Surgeon
Signed: 10/27/2010 15:43

Appendix B

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

Chara Ellis
On Behalf of Larry Ellis
versus
Department of Veterans Affairs
Hospital & the attending staff
Doctors During Surgery
(Amended)

CIVIL ACTION NO. *4:16-CV-01319*ORIGINAL COMPLAINT

ALKALINE PHOSPHATASE	79	IU/L	38 - 127	[580]
EGFR	83.8	mL/min/1.73m2		[580]
ALT	18	IU/L	7.0 - 55.0	[580]
AST	16	IU/L	10 - 42	[580]

A/P: 56 yo man with biochemical evidence of pheochromocytoma and poorly controlled diabetes.

1. Adrenal adenoma - patient has biochemical evidence of pheochromocytoma. Hyperaldosteronism has been excluded in the past. Patient had recent Adrenal vein sampling. AVS is only useful in lateralizing aldosterone secreting adenomas, it is not helpful for pheochromocytomas and there is no standard to establish lateralization for pheochromocytomas. Additionally, manipulation and stress can cause secretion of catecholamines inappropriately and thus not appropriately lateralize the pheochromocytoma.

Surgical resection of his left adrenal adenoma would be recommended. However, it is possible that the right adrenal gland is involved, but the patient needs to be aware of this risks and the possibilities of having a repeat surgery if his pheochromocytoma is not resolved.

--Given elevated blood pressure, will increase Phenoxybenzamine to 40 mg TID.

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

ELLIS, LARRY
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Appendix B

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
Houston DIVISION

Clayton Ellis
On Behalf of Larry Ellis
versus
Department of Veterans Affairs
Hospital & Attending
Doctors During Surgery
(Amended)

CIVIL ACTION NO. 4:16-CV-01319

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ORIGINAL COMPLAINT

/es/ DANIEL ANAYA
Allopathic and Osteopathic Physicia
Surgery
MD
Signed: 01/28/2011 08:09

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

ELLIS, LARRY
8106 BEECH COVE
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